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OCT 17 2005

Attorney Docket No. 0169.410US

USPTO FAX NO.: 571-273-8300

ATTENTION: Examiner Ilia Ouspenski  
TELEPHONE NUMBER: 571-272-2920

OFFICIAL COMMUNICATION  
FOR THE PERSONAL ATTENTION OF  
EXAMINER ILIA OUSPENSKI  
CERTIFICATION OF FACSIMILE TRANSMISSION

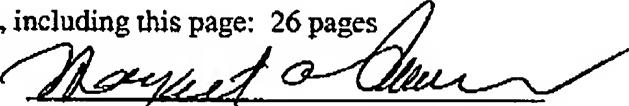
I hereby certify that the following documents in re Application of Juha Punnonen et al., Application No. 10/032,214, filed December 20, 2001, entitled NOVEL CO-STIMULATORY MOLECULES, are being facsimile transmitted to Group 1644 of the US Patent and Trademark Office to USPTO facsimile number 571-273-8300 on the date shown below:

Documents Attached

1. Amendment (21 pages)
2. Transmittal Form by facsimile (1 page)
3. Petition for Extension of Time Under 37 CFR § 1.136(a) (1 page plus one copy)
4. Fee Transmittal Form (1 page)

Number of pages being transmitted, including this page: 26 pages

Dated: October 17, 2005

  
Margaret A. Powers  
Reg. No. 39,804

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Maxygen, Inc.  
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# **TRANSMITTAL FORM**

*(to be used for all correspondence after initial filing)*

Total Number of Pages in This Submission

**26**

Application Number

**10/032,214**

Filing Date

**December 20, 2001**

First Named Inventor

**Juha Punnonen**

Group Art Unit

**1644**

Examiner Name

**Illa Ouspenski**

Attorney Docket Number

**169.410US**

**ENCLOSURES (check all that apply)**

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form                           | <input type="checkbox"/> Assignment Papers<br><i>(for an Application)</i>                     | <input type="checkbox"/> After Allowance Communication<br>to Group                                   |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences               |
| <input checked="" type="checkbox"/> Amendment / Response                           | <input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> Appeal Communication to Group<br><i>(Appeal Notice, Brief, Reply Brief)</i> |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69)<br>and Accompanying Petition       | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                                 | <input type="checkbox"/> Petition to Convert to a<br>Provisional Application                  | <input type="checkbox"/> Status Letter   |
| <input checked="" type="checkbox"/> Extension of Time Request                      | <input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence<br>Address | <input checked="" type="checkbox"/> Additional Enclosure(s)<br><i>(please identify below):</i>       |
| <input type="checkbox"/> Express Abandonment Request                               | <input type="checkbox"/> Terminal Disclaimer  | <input type="checkbox"/> Facsimile Transmittal Cover<br>Sheet  |
| <input type="checkbox"/> Information Disclosure Statement                          | <input type="checkbox"/> Small Entity Statement   |  |
| <input type="checkbox"/> Certified Copy of Priority<br>Document(s)                 | <input type="checkbox"/> Request for Refund   |  |
| <input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application      |   |  |
| <input type="checkbox"/> Response to Missing<br>Parts under 37 CFR<br>1.52 or 1.53 |   |  |

- |   |  |
|---|--|
| <input type="checkbox"/> Assignment Papers<br><i>(for an Application)</i>                     | <input type="checkbox"/> After Allowance Communication<br>to Group                                   |
| <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences               |
| <input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> Appeal Communication to Group<br><i>(Appeal Notice, Brief, Reply Brief)</i> |
| <input type="checkbox"/> Petition Routing Slip (PTO/SB/69)<br>and Accompanying Petition       | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Petition to Convert to a<br>Provisional Application                  | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence<br>Address | <input checked="" type="checkbox"/> Additional Enclosure(s)<br><i>(please identify below):</i>       |
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| <input type="checkbox"/> Request for Refund   |  |

**Authorization to Charge Deposit Account**

Please charge Deposit Account No. 50-0980 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm  
or  
Individual name

**Margaret A. Powers, Reg. No. 39,804**

Signature

Date

**October 17, 2005**

**CERTIFICATE OF FACSIMILE TRANSMITTAL UNDER 37 C.F.R. §1.8**

I hereby certify this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, Mail Stop: Amendment to Facsimile No. 571-273-8300 on the date shown below:

Typed or printed name

**Margaret A. Powers**

Signature

Date

**October 17, 2005**

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**OCT 17 2005**

PTO/SB/17 (12-04v2)

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*Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).*

## **FEE TRANSMITTAL For FY 2005**

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT (\$)**

**(\\$) 1020.00**

**Complete If Known**

Application Number	10/032,214
Filing Date	December 20, 2001
First Named Inventor	Juha Punnonen
Examiner Name	Illa I. Ouspenski
Art Unit	1644
Attorney Docket No.	0169.410US

**METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: **50-0990** Deposit Account Name: **Maxygen, Inc.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity</u>
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Each claim over 20 (including Reissues) 50 25

Each independent claim over 3 (including Reissues) 200 100

Multiple dependent claims 360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
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- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ Fee (\$) Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_ Fee (\$) Fee Paid (\$)

**4. OTHER FEE(S)**

Non-English Specification. \$130 fee (no small entity discount) Fee Paid (\$)

Other (e.g., late filing surcharge): Petition for Extension of Time Under 37 CFR 1.136(a) Fee Paid (\$)

**1020.00**

**SUBMITTED BY**

<u>Signature</u>	<i>Margaret A. Powers</i>	Registration No. 39,804 (Attorney/Agent)	Telephone (650) 288-5809
Name (Print/Type)	Margaret A. Powers	Date 10-17-05	

**Certificate of Mailing under 37 C.F.R. §1.8**

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Typed or Printed Name: Margaret A. Powers

Signature: Margaret A. Powers Date: October 17, 2005